

DEPARTMENT OF DEFENSE WAIVER OF ASSIGNMENT PERIOD FOR PROGRAM MANAGERS/ DEPUTY PROGRAM MANAGERS		REPORT CONTROL SYMBOL	
COMPONENT/ORGANIZATION			
1. TO <i>(Service Acquisition Executive/DACM)</i>		2. COPY TO <i>(USD(A)AET&CD)</i>	
3. FROM <i>(Organization and Address)</i>			
POSITION DATA			
4. NAME OF ACQUISITION PROGRAM		5. MILESTONE STATUS/NEXT MILESTONE DATE (YYMM)	
6. ORGANIZATION			
7. UIC		8. POSITION NUMBER	
9. OCCUPATIONAL SERIES/SPECIALTY			
IDENTIFICATION AND PERSONAL DATA			
10. NAME <i>(Last, First, Middle Initial)</i>		11. GRADE/RANK	
12. SSN			
13. POSITION <i>(X one)</i>		14. REPLACEMENT STATUS <i>(X one)</i>	
<input type="checkbox"/> PROGRAM MANAGER <input type="checkbox"/> DEPUTY PROGRAM MANAGER		<input type="checkbox"/> ASSIGNED <input type="checkbox"/> NOT ASSIGNED	
15. OCCUPATIONAL SERIES/SPECIALTY		16. DATE ASSIGNED TO POSITION (YYMM)	
17. PROPOSED REASSIGNMENT DATE (YYMM)			
18. WAIVER REASON <i>(X one)</i>			
<input type="checkbox"/> PROMOTION <input type="checkbox"/> REASSIGNMENT IN GOVERNMENT'S INTEREST <input type="checkbox"/> HUMANITARIAN REASSIGNMENT/DISCHARGE			
19. NARRATIVE			
20. REQUESTING OFFICIAL			
a. TYPED NAME		b. GRADE	
c. ORGANIZATION			
d. SIGNATURE		e. DATE	
21. SERVICE ACQUISITION EXECUTIVE/DACM APPROVAL			
a. TYPED NAME		b. TITLE	
c. SIGNATURE		d. DATE	